

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lanihale, Inc.	CHAPTER 100.1
Address: 187 Nenuue Street, Honolulu, Hawaii 96821	Inspection Date: January 15, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.  <u>FINDINGS</u> Substitute care giver (SCG) #1 - No physical examination (PE). SCG #1 is a live-in SCG. Submit a copy of the PE with the plan of correction (POC).	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 was since terminated by cause &amp; no longer in Hawaii</p>	<p style="text-align: right;">7/30/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.  <u>FINDINGS</u> Substitute care giver (SCG) #1 - No physical examination (PE). SCG #1 is a live-in SCG. Submit a copy of the PE with the plan of correction (POC).	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PC 4 &amp; manager will be responsible informing potential live-in to have PE prior to move in.</p> <p>PC 4 &amp; manager will have PE document in hand, otherwise live-in will not be permitted to move in.</p> <p>PC 4 &amp; manager will have + maintain new employee check list for requirement</p>	<p style="text-align: center;">9/25/20</p> <p style="text-align: center;">9/25/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> SCG #2, SCG #3 and Volunteer - No documentation of two-step tuberculosis (TB) clearance. Submit a copy of the two-step TB clearance for each with the POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #2, SCG #3, &amp; Volunteers are no longer with us providing services, &amp; we were unable to obtain TB clearance.</p>	<p>9/25/20</p>

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.  <u>FINDINGS</u> SCG #2, SCG #3 and Volunteer - No documentation of two-step tuberculosis (TB) clearance. Submit a copy of the two-step TB clearance for each with the POC.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG + Manager will be responsible to inform employees &amp; volunteers to have 2-step TB clearance. Review to start working.</p> <p>PCG + Manager will have document in hand otherwise employees &amp; volunteers are not permitted to start working.</p> <p>PCG + Manager will have &amp; maintain this employee sheet 9/25/20 let</p>	<p style="text-align: center;">9/25/20</p>

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<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> SCG #4 - No documentation of chest x-ray following the October 2013 positive TB skin test. <b>Submit a copy of a chest x-ray with the POC.</b>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">SCG #4 no longer with us -            Unable to correct documentation 7/30/20</p>	

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> SCG #4 - No documentation of chest x-ray following the October 2013 positive TB skin test. <b>Submit a copy of a chest x-ray with the POC.</b>	<p align="center"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center">SCG#4 was advised &amp; chest x-ray will be faxed.</p>	<p align="center">9/25/20</p>

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> SCG #4 - No documentation of chest x-ray following the October 2013 positive TB skin test. <b>Submit a copy of a chest x-ray with the POC.</b>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG + manager will be responsible informing potential employees to have TB clearance. For those with positive skin test, we will ask for the chest x-ray.</p> <p>PCG + manager will have clear documentation in hand, otherwise they will not be permitted to start work.</p> <p>PCG + manager will have &amp; maintain employee checks. 9/25/20</p>	<p>9/25/20</p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:  Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.  <b><u>FINDINGS</u></b> All SCGs - No documentation of training to make prescribed medication available to residents. <b>Submit a copy of the training for each with the POC.</b>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">PCA + SCG training completed + filed.</p>	<p style="text-align: center;">9/20/20</p>

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (c)(4) The substitute care giver who provides coverage for a period less than four hours shall:  Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.  <b>FINDINGS</b> All SCGs - No documentation of training to make prescribed medication available to residents. <b>Submit a copy of the training for each with the POC.</b>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG + Manager will be responsible completing training + have document filed out prior to start work.</p> <p>PCG + Manager will have training Paper in hand, otherwise there will not be permitted to start work.</p> <p>PCG + Manager will have &amp; maintain employee check list.</p>	<p>7/25/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.  <b><u>FINDINGS</u></b> Resident #1 - No level of care prior to admission on 11/16/19. The level of care was obtained 11/22/19.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.  <b><u>FINDINGS</u></b> Resident #1 - No level of care prior to admission on 11/16/19. The level of care was obtained 11/22/19.	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PC &amp; Manager will send, receive &amp; review all required paper work prior to admission. PC &amp; manager will be responsible to have level of care documented in hand, otherwise the resident will not be permitted to move in.</p> <p>PC &amp; manager have &amp; maintain new admission paperwork list.</p>	<p>9/25/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-12 Emergency care of residents and disaster preparedness; (a)(1) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:  Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;  <u>FINDINGS</u> No emergency procedures available for review. Submit a copy with the POC.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Emergency plan in the kitchen 7/30/20</i></p>	

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<input checked="" type="checkbox"/> §11-100.1-12 Emergency care of residents and disaster preparedness. (a)(1) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:  Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;  <b>FINDINGS</b> No emergency procedures available for review. Submit a copy with the POC.	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The emergency procedure will be in the separate binder.</p> <p>PCG + managers will check it's compliance monthly.</p> <p>PCG + managers will train employees to locate the binder.</p>	<p>9/25/20</p> <p>9/25/20</p>

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<input checked="" type="checkbox"/> §11-100.1-12 <u>Emergency care of residents and disaster preparedness. (a)(3)</u> The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:  Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.  <u>FINDINGS</u> No disaster procedures available for review. <b>Submit a copy with the POC.</b>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Procedures in the Binder.</i></p>	<p style="text-align: center;"><i>7/30/20</i></p>



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<input checked="" type="checkbox"/> §11-100.1-12 Emergency care of residents and disaster preparedness. (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:  Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.  <b>FINDINGS</b> No disaster procedures available for review. Submit a copy with the POC.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>· A copy of disaster procedure will be faxed to the office.</p> <p>· The disaster Procedures will be in a separate binder.</p> <p>· PCG + Manager will check its competencies monthly.</p> <p>· PCG + Manager will train employees to locate the binder.</p>	<p style="text-align: right;">9/25/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.  <b>FINDINGS</b> Menus were not followed. Substitutions were not recorded.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Menu was not popular &amp; was substituted &amp; changed. New menu posted.</p>	<p style="text-align: center;">7/30/20</p>

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<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.  <u>FINDINGS</u> Menus were not followed. Substitutions were not recorded.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>New <del>cook</del> hired + trained to follow menu. When menu is changed, the substitution will be recorded in a form.  The food will be ordered by the cook + PCs following the menu.</p>	<p style="text-align: right;">9/25/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Menu was not posted in the resident dining area.</p>	<p><b>PART I</b></p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Our new cooking personnel will post meals daily at dining area.</i></p>	<p><i>7/30/20</i></p>

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<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.  <b>FINDINGS</b> Menu was not posted in the resident dining area.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>The cook &amp; SCG will post the menu in dining area. PCG + Manager will train employees + check posting daily.</i></p>	<p style="text-align: right;"><i>9/25/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.  <u>FINDINGS</u> Medication alcove was not secured. The key remained in the locking device throughout the day.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Policy revised &amp; all staff reminded to secure med alcove.</i></p>	<p style="text-align: center;"><i>7/30/20</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 - No physician order for "loratadine 10 mg" taken by the resident.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Order obtained &amp; posted in the locker.</i></p>	<p style="text-align: center;"><i>7/30/20</i></p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 - No physician order for "loratadine 10 mg" taken by the resident.	<div data-bbox="1253 1199 1360 1430"> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> </div> <div data-bbox="1112 953 1218 1682"> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> </div> <div data-bbox="133 953 1078 1801"> <p>PCG + Manager will train SCG not to administer medication until signed <del>doct</del><sup>phys</sup> order is received.</p> <p>PCG + Manager will be <sup>obtain</sup> responsible to check orders prior to administration.</p> <p>PCG + Manager will check orders + MTR periodically to ensure they match.</p> <p>When <del>if</del> medication is brought in, PCG + Manager will call physician for the order.</p> </div>	<p>9/25/20</p>

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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Documentation of primary care giver's assessment of resident upon admission;  <u>FINDINGS</u> Resident #1 - No admission assessment by the primary care giver.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Admission assessment placed in the folder.</i></p>	<p style="text-align: center;"><i>7/30/20</i></p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Documentation of primary care giver's assessment of resident upon admission;  <b>FINDINGS</b> Resident #1 - No admission assessment by the primary care giver.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will be responsible to complete admission assessment at the time of new resident arrive.</p> <p>PCG + Manager will be responsible admission assessment paper is completed &amp; in binder.</p> <p>PCG + Manager will follow new admission check list &amp; will be responsible all tasks completed on the same day.</p>	<p>9/25/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;  <u>FINDINGS</u> Resident #1 - No report of a medical examination on admission 11/16/19. The physical examination was dated 11/22/19.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;  <u>FINDINGS</u> Resident #1 - No report of a medical examination on admission 11/16/19. The physical examination was dated 11/22/19.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG + Manager will send, receive, &amp; review all required paper works prior to admission.</p> <p>PCG + Manager will be responsible to have physical examination document in hand, otherwise the resident will not be allowed to move in.</p> <p>PCG + Manager will have &amp; maintain new admission paperwork list.</p>	<p style="text-align: right;">9/25/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports, (a)(6)</u> The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Physician or APRN signed orders for diet, medications, and treatments;  <u>FINDINGS</u> Resident #1 - No diet and medication orders at the time of admission on 11/16/19. The medication order was obtained 11/22/19. The diet order was obtained 12/6/19. The "normal" diet order of 11/22/19 is not a standard diet order; therefore, not acceptable.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports; (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review; Physician or APRN signed orders for diet, medications, and treatments;  <u><b>FINDINGS</b></u> Resident #1 - No diet and medication orders at the time of admission on 11/16/19. The medication order was obtained 11/22/19. The diet order was obtained 12/6/19. The "normal" diet order of 11/22/19 is not a standard diet order; therefore, not acceptable.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When a new admission coming from other state / country, all paper works should be send back to us prior to admission.</p>	<p style="text-align: right;">7/30/20</p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include:  Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;  <u><b>FINDINGS</b></u> Resident #1 - Progress notes did not include observations of cellulitis, follow up with the physician (11/27/19), treatments performed and the resident's response to antibiotics.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not include observations of cellulitis, follow up with the physician (11/27/19), treatments performed and the resident's response to antibiotics.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Resident's observation noted on 12/1/19 in the monthly notes. Will have a separate note for special treatment.</i></p>	<p>7/30/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 <u>Records and reports, (b)(4)</u> During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - No documentation that "Hibiclens wash BID", "gentamycin antibiotic ointment BID" ordered 11/27/19 were carried out.</p>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - No documentation that "Hibiclens wash BID", "gentamycin antibiotic ointment BID" ordered 11/27/19 were carried out.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Weekly chart review scheduled on Monday + Med Review on Thursday.</i></p>	<p><i>7/30/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> SCG #1 - No legend for initials on the medication records.</p>	<p><b>PART I</b></p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Legend page added.</i></p>	<p><i>7/30/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(2) General rules regarding records:  Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;  <u>FINDINGS</u> SCG #1 - No legend for initials on the medication records.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Legend was added to med binder (MAR) + each <sup>enclosed</sup> pto <del>was</del> doesn't binder.</p>	<p style="text-align: right;">7/30/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> , (g)(3)(i) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:  <u>FINDINGS</u> Resident #1 - No self-preservation certification at the time of admission. Self-preservation certification dated 11/22/19.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(i) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:  <u>FINDINGS</u> Resident #1 - No self-preservation certification at the time of admission. Self-preservation certification dated 11/22/19.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When <sup>ever</sup> residents are moving from other state/ country, all paper work should be emailed or faxed prior to admission date.</p>	7/30/20



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment. (h)</u> The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.  <u>FINDINGS</u> Bedroom #2 - The floor to ceiling screen was askew resulting in a 1/2 inch gap. One (1) jalousie was also askew resulting in a one inch gap. As a result, insects are able to enter the room from outside.	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Screen &amp; window fixed.</i></p>	<p style="text-align: center;"><i>7/30/20</i></p>

